2002 HUMAN BEHAVIOR COURSE BLOCK THREE EXAM CHALLENGES

4 QUESTIONS CHALLENGED
6 TOTAL CHALLENGES
1 CHANGE TO THE ANSWER KEY
(B is the correct answer for 13, not C as shown on the test key).

Question 4.
Question and Answer Key Answer.
A 60-year-old chronic alcoholic with a history of alcohol withdrawal delirium (delirium tremens) is admitted to the medicine ward for another medical problem. Of the following, what is the best clinical approach?

A. Watchful waiting (no change in psychopharmacological management)
B. Haloperidol
C. Paroxetine
D. Alprazolam
E. **XX** Chlordiazepoxide

Challenges.
1. While pg 381 does list Chlordiazepoxide as a treatment of choice for alcohol withdrawls, it also states that in general benzodiazepines are effective. Alprazolam is a benzodiazepine. I believe credit should be given for this answer.

Dr. Engel Response. Correct answer is E. As the challenger points out, the most viable choices in this question are D and E. E is the best answer, however, because chlordiazepoxide is long acting (half-life of 1-4 days) and is available in IM and IV preparations, a fact that allows for better control of withdrawal signs. Alprazolam is a relatively very short acting (12 hours) benzodiazepine (see table 27-9, page 1054 for comparative properties of benzodiazepines). The short half-life of alprazolam combined with the fact that it can only be administered orally makes it extremely difficult to avoid frequent fluctuations in the drug level during the period of withdrawal, a problem resulting in rapid clinical changes in potentially life threatening alcohol withdrawal signs.

Question 13.
Question and Answer Key Answer.
According to the catecholamine theory, panic disorder is caused by

A. Abnormal receptor function leading to decreased inhibitory activity.
B. Massive B-adrenergic nervous system discharge.
C. **XX** Increased discharge of central nervous system noradrenergic nuclei.
D. Aberrant metabolic changes induced by lactate infusion.
E. None of the above.

Challenges.
1. Probably mis-keyed as "C". Answer choice "C" is correct for the locus coeruleus theory (p. 574). Answer "B" is correct for the catecholamine theory (table 14-5, p. 574).
2. The answer listed as correct is C. However, pg 574 under the heading of Catecholamine Theory states, "For many years the possibility that panic attacks are manifestions of massive discharge for the Beta Adrenergic nervous system has been considered." The would indicate that B is actually the correct answer. Additionally, I

saw this same question on several old tests and all indicated B was the right answer.

Dr. Engel Response. Correct answer is B. The challenger who guessed this item was mis-keyed is correct (table 14-5, p. 574).

Question 23.

Question and Answer Key Answer.

Recently, a Vietnam veteran gave an outdoor speech and a helicopter flew past. The sound of the helicopter triggered the veteran to vividly recall an intense battle he was in that nearly resulted in his death and caused the death of many in his unit. In response to this recollection, the veteran experienced sudden onset of intense anxiety, rapid heart rate, sweating, dizziness, chest discomfort, and a sense of impending doom. Which diagnosis fits this clinical picture?

A. Acute myocardial infarction
B. Acute stress disorder
C. Dissociative identity disorder
D. Panic disorder
E. **XX** None of the above

Challenges.

1. I request question 23 be removed from the test because it tests the student's confidence in the test writer, rather than grasp of the material. In the question a Vietnam veteran experiences a panic attack at the sound of a helicopter. This is not PTSD, because it is a single attack and does not persist for more than one month. It is not a panic disorder, again because it is a single attack. However, in question 14 a medical student has one single panic attack and this IS diagnosed as a panic disorder. The question for the student taking the test is now: Should I be consistent with my answers or not? Or, worded another way: How can the exact same presentation be a panic disorder in one question, and not a panic disorder in another question? No further clues are given in the test question, so the student is left to wonder what the test author's intention was with this question. Since the precedent was set in questions 3 and 8 to ask about the same process twice, it would seem appropriate that the test writer is giving the same question root and expecting the same answer. Since the question is now the student's cofidence in the test writer, and not grasp of the material I request this question be removed.

Dr. Engel Response. Correct answer is E. As the challenger points out, the veteran has had a panic ATTACK. However, he doesn't have panic DISORDER, because in panic disorder, panic attacks are uncued (seem to occur "out of the blue" with no apparent stimulus). The veteran doesn't have acute stress disorder because his symptoms are occurring years after his wartime experience. His presentation is probably most suspicious for PTSD, but that is not one of the choices. The challenger contrasts this question with question 14. The best choice in question 14 is panic DISORDER because the apparent panic ATTACK has no stimulus. Both questions 14 and 23 require the student to know about and recognize the difference between a panic attack and panic disorder.

Question 33.

Question and Answer Key Answer.
Which of the following signs or symptoms would strongly suggest alcohol withdrawal delirium in this man?

A. Headache, blurring of vision, and pinpoint pupils.
B. Headache, blurring of vision and dilated pupils.
C. Hypersomnolence, auditory hallucinations, and altered levels of consciousness.
D. Hypervigilance, visual hallucinations, and bradycardia.
E. **XX** Hypervigilance, visual hallucinations, and hypertension.

Challenges.

1. Everything we read stressed that alcohol involved auditory hallucinations. I have heard that some of my classmates have already challenged this question, so I will not belabor the point, but would like to add my voice to their cry.
2. Pg 378 states that alcohol delerium is characterized by delerium (altered concsiousness), agitation (hypervigilence), and hallucinations are almost always in the form of auditory hallucinations. None of the answers has all three of these elements. I chose C because it had two of the three. I ruled out the "correct" answer E, as well as, D because they listed visual hallucinations as a characteristic symptom. I believe all answers should be accepted.

Dr. Engel Response. Correct answer is E. Headache and blurring of vision are not features of alcohol withdrawal delirium, ruling out choices A and B. Hypersomnolence is not a feature of alcohol withdrawal delirium, ruling out choice C. Instead, most patients experience “vivid hallucinations, agitation, insomnia…and marked autonomic arousal…” (page 378, para two lines 7-9). Choice D is incorrect; bradycardia is not a feature of alcohol withdrawal delirium, since autonomic arousal results in elevations in blood pressure and in heart rate. That leaves choice E. Lines 11-12 note that, “Patients frequently report visual hallucinations….along with terror and agitation. Alcohol withdrawal delirium is relatively unusual among the deliriums in that it presents with behavioral and autonomic system arousal (a “hyperactive” delirium) while most other deliria are “hypoactive” and characterized by confusion, hypersomnolence and reversal of the sleep-wake cycle, and behavioral inactivity. On the issue of auditory versus visual hallucinations: a key point is that visual hallucinations should make one think of “organic” causes. Such causes include substance abuse or withdrawal, seizures, CNS malignancy or infection, hypertensive encephalopathy, etc. Psychosis of psychiatric illness (schizophrenia, bipolar disorder, severe depression, etc) is nearly always characterized by auditory hallucinations. Visual hallucinations can occur but they are unusual and should spark a careful evaluation for organic etiologies.